

**CEMETERY AND FUNERAL BUREAU**

P. O. Box 989003  
West Sacramento, CA 95798-9003  
(916) 574-7870 Fax (916) 574-8620



**CEMETERY OR CREMATORY MANAGER APPLICATION FOR  
EXAMINATION AND/OR LICENSURE**

☐ Cemetery Manager Examination Fee \$800

☐ Cemetery Manager License Fee \$80

☐ Crematory Manager Examination Fee \$450

☐ Crematory Manager License Fee \$80

**License Type/Number Issued**

<b>SECTION A: APPLICANT INFORMATION</b>					
Last Name		First Name		Middle	
Residence Address		City	State CA	Zip Code	
Mailing Address (If different from above)		City	State CA	Zip Code	
Residence Telephone Number (      )		Daytime Telephone Number (      )			
Date of Birth	Social Security Number		Former Last Name (If applicable)		
Email Address (Not required)		Are you a California resident?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p>To be eligible to sit for the exam you must possess a high school diploma or its equivalent.</p> <p>Have you requested "Official Transcripts" be sent to the Bureau?</p> <p align="center"><input type="checkbox"/> Yes      <input type="checkbox"/> No, you will not be scheduled to take the exam, until the Bureau receives "Official Transcripts"</p> <p><i>"Official Transcripts" are transcripts sent directly from the educational institution, in a sealed envelope, to the Cemetery and Funeral Bureau at 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834.</i></p>					
<b>SECTION B: EXAMINATION INFORMATION</b> (To be completed by examination applicants only)					
Have you previously taken the examination you are applying for?				No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, indicate previous test date(s) _____					
Are you applying to take more than one exam on the same date?				No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, what other exam have you applied to take? _____					
<b>FOR BUREAU USE ONLY</b>					
Date Cashiered	Amount Cashiered		ATS Number		Receipt Number
SID Number/On File With	Official High School Transcripts	Enforcement Check	Scheduled for Exam	Exam Results	License Issued

<b>SECTION D: BACKGROUND INFORMATION – To be completed by all applicants</b>	
Has the Cemetery and Funeral Bureau ever issued you a personal license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide license type(s) number(s) and issuance date(s). _____	
Have you ever been employed by or associated with a business licensed by the Cemetery and Funeral Bureau?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide license number(s) and association date(s). _____	
Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service to the Cemetery and Funeral Bureau?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, submit with this application a copy of request for Live Scan Service form verifying that fingerprints have been scanned and all applicable fees have been paid.	
If yes, explain for what purpose _____	
Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any foreign country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.	
You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).	
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.	
<b>SECTION E: CERTIFICATION OF APPLICANT</b>	
<i>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</i>	
Signature of Applicant	Date

**Note:** The information solicited on this form is required pursuant to Business and Professions Code Section 9715.1, 9716 and 9787.3. All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95814, (916) 574-7870.

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.